## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

<b>ADMINISTRA</b>	TIVE	<b>PROCEDURES</b>	NOTICE	FILING
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ACENICA MALAC	J HO HOL HEING						
AGENCY NAME Mississippi Secretary of State, Elections Division		CONTACT PERSON Kim Turner, Assistant Secretary of State, Elections Division	TELEPHONE NUMBER (601) 359-5137				
ADDRESS 401 Mississippi Street		CITY Jackson		STATE MS	ZIP 39201		
EMAIL kim.turner@sos.ms.gov	SUBMIT DATE 5/8/2015	Name or number of rule(s): Title I, Part 9 Chapter 1: Lobbying Title I, Part 9 Chapter 2: Campaign Finance					
Short explanation of rule/amendment 2.1 to more accurately depict the nam State; and further amendment of 1-9-Secretary of State to assess a civil pen Specific legal authority authorizing the	e of the current lob 2 to define "substar alty pursuant to Mis promulgation of ru	bying and campaign finance guntial compliance" and set forthes. Code Ann. § 23-15-813.  le: Miss. Code Ann. Section 23	ides as pub the statuto 3-15-815	lished by the M	MS Secretary of		
List all rules repealed, amended, or su ORAL PROCEEDING:	spended by the pro	posed rule: 1-9-1,1 and 1-9-2,1	L				
An oral proceeding is scheduled for Presently, an oral proceeding is no If an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request snotice of proposed rule adoption and should incagent or attorney, the name, address, email address,	t scheduled on this roceeding must be held I should be submitted to ti clude the name, address,	rule.  f a written request for an oral proceed ne agency contact person at the above email address, and telephone number	ing is submitte address within	n twenty (20) day: (s) making the rec	s after the filing of this quest: and, if you are an		
comment period, written submissions including ECONOMIC IMPACT STATEMENT:	arguments, data, and vi	ews on the proposed rule/amendment	/repeal may be	e submitted to the	e filing agency.		
Economic impact statement not required for this rule.   Concise summary of economic impact statement attached.							
Original filing Renewal of effectiveness  To be in effect in days  Effective date: Immediately upon filing Other (specify): Prope		ule(s) dment to existing rule(s) I of existing rule(s) ion by reference al effective date: vs after filling (specify):	FINAL ACTION ON RULES  Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed  Effective date: 30 days after filing Other (specify):				
Printed name and Title of person a Signature of person authorized to 1		ules: Kim Turner, Assistant S	Secretary o	f State, Elect	lons		
OFFICIAL FILING STAMP	SECF	WRITE BELOW THIS LINE FICIAL FILING STAMP  IN THE STAMP  MAY 0 8 2015  MISSISSIPPI RETARY OF STATE		FFICIAL FILING	G STAMP		
Accepted for filling by	Accepted fo	r tiling by	Accepted for filing by				